

HEALTH SERVICES AND DEVELOPMENT AGENCY SPEAKER'S FORM

COMPLETE THIS FORM IF YOU WANT TO SPEAK AT TODAY'S MEETING OR HAVE YOUR ATTENDANCE ON FILE WITH THE AGENCY.

PLEASE PRINT LEGIBLY

MEETING DATE: _____

NAME: _____ TITLE: _____

COMPANY / AGENCY: _____

ADDRESS: _____

CITY / STATE: _____ ZIP CODE: _____

PHONE NO.: (____) ____ - ____ SIGNATURE: _____

"FORM MUST BE SIGNED"

1. PROJECT #: CN _____ PROJECT NAME: _____

2. CHECK THE ONE THAT APPLIES:

I WISH TO SPEAK **IN SUPPORT** OF THE PROJECT

I WISH TO SPEAK **IN OPPOSITION** OF THE PROJECT

3. DO YOU WISH TO BE COPIED ON THE APPROVAL / DENIAL LETTER FOR THIS PROJECT?

YES

NO

PURSUANT TO T.C.A. § 68-11-1609(f), OPPOSITION TO THIS PROJECT WILL SERVE AS ***NOTICE*** OF A PRIOR OBJECTION FILED DIRECTLY WITH THE AGENCY.

HEALTH SERVICES AND DEVELOPMENT AGENCY SPEAKER'S FORM

COMPLETE THIS FORM IF YOU WANT TO SPEAK AT TODAY'S MEETING OR HAVE YOUR ATTENDANCE ON FILE WITH THE AGENCY.

PLEASE PRINT LEGIBLY

MEETING DATE: _____

NAME: _____ TITLE: _____

COMPANY / AGENCY: _____

ADDRESS: _____

CITY / STATE: _____ ZIP CODE: _____

PHONE NO.: (____) ____ - ____ SIGNATURE: _____

"FORM MUST BE SIGNED"

1. PROJECT #: CN _____ PROJECT NAME: _____

2. CHECK THE ONE THAT APPLIES:

I WISH TO SPEAK **IN SUPPORT** OF THE PROJECT

I WISH TO SPEAK **IN OPPOSITION** OF THE PROJECT

3. DO YOU WISH TO BE COPIED ON THE APPROVAL / DENIAL LETTER FOR THIS PROJECT?

YES

NO

PURSUANT TO T.C.A. § 68-11-1609(f), OPPOSITION TO THIS PROJECT WILL SERVE AS ***NOTICE*** OF A PRIOR OBJECTION FILED DIRECTLY WITH THE AGENCY.